# Saint Paul Cannabis & Lower Potency Hemp Edible Retail Registration and Renewal Form

This registration form must be completed and delivered to the Department of Safety and Inspections (375 Jackson Street, Suite 220) for each location that is licensed by Minnesota Office of Cannabis Management. You are required to apply for any other permits or Saint Paul licenses that your business may need to operate.

**MN Statute 342.22 RETAILERS; LOCAL REGISTRATION, Sub (1) Registration required.** Before making retail sales to customers or patients, a cannabis microbusiness, cannabis mezzobusiness, cannabis retailer, medical cannabis combination business, or lower-potency hemp edible retailer **must register with the city, town, or county in which the retail establishment is located.**

## 1. Registration Type

Is this your Initial Retail Registration or are you renewing your registration?

What type of business do you have:

- ☐ Cannabis Microbusiness
- ☐ Cannabis Mezzobusiness
- ☐ Cannabis Retailer
- ☐ Lower Potency Hemp Edibles Retailer
- ☐ Medical Cannabis Combination Business Operating A Retail Location

## 2. Registration information

Legal/corporate name

Business name (DBA)

Business location address

Mailing address (if different from business location)

Business phone number

Business Email (optional)

OCM License Number

Applicant's Full Name

Applicant's Title

Applicant's Address

Applicant's Phone Number

Applicant's Email

On-site Manager/Contact's Name

On-site Manager/Contact's Number

On-site Manager/Contact's Email (optional)

## 3. Retail information

**Does the application own the property of the business premises?**

**Days and hours the business will be open**

**Does this address currently have a Saint Paul license?**

- ◯ **No**
- ◯ **Yes, alcohol license number:**
- ◯ **Yes, other license number(s):**

**Is this location current on all property taxes and assessments?**

- ◯ **No, amount owned:**
- ◯ **Yes**

**Is the property owner or the tenant responsible for the property taxes and assessments?**

- ◯ **Property Owner**
- ◯ **Tenant**

## 4. Additional Materials Required Alongside This Application Form

- Copy of Approved State LHPE/Cannabis Business license OR unpaid invoice
- Minnesota State Registration Form - Fill Out Top Portion of this form
- Floor Plan of your business
    - Floor Plan must include address and streets labeled
    - Low-Potency Hemp Edible Retail applicants must include labels showcasing the location of edible products
- If the applicant does not own the premises, a copy of the lease to occupy and conduct business at the premises
- Appropriate fee (check or cash)

## 5. Verification

I, (print name) , certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my registration and any licenses.

| **Signature of Applicant** | **Title** | **Date** |
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## 6. Additional Information

1. Incomplete registrations may be returned and not processed until we have all the required information.
2. For reasonable accommodations or alternative formats please contact the Department of Safety and Inspections at 651-266-8989 or DSI-InformationAndComplaints@ci.stpaul.mn.us